

Smoking During Pregnancy SHA View

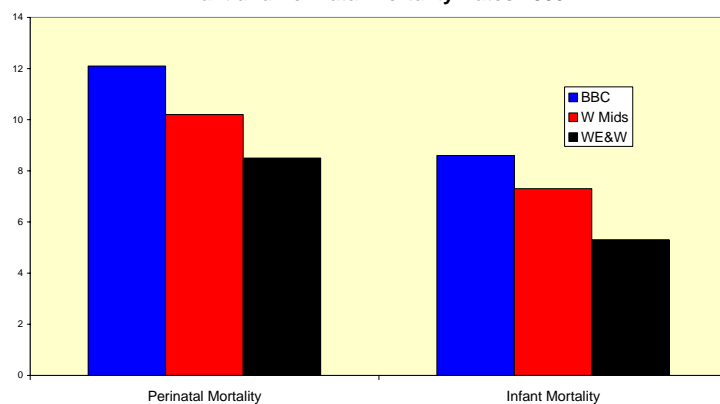
Clinical Group
September 2005



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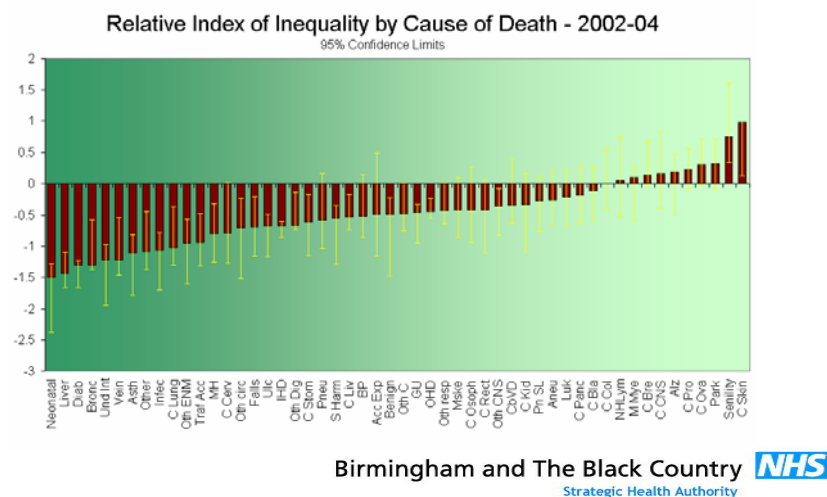
National and Regional Comparisons

Infant and Perinatal Mortality Rates 2003



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Large Poverty Based Inequalities



Time Trends – Perinatal Mortality

1998-2000	1999 - 2001	2000 - 2002	2001 - 2003
10.7	10.8	11.1	11.4

Summary of Position

- rates comparatively high
- high levels of inequality
- slow or no improvement

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Response from SHA

Extend performance management approach - targets and monitoring

- Outcomes Measures
 - Infant mortality
 - Perinatal mortality
- Process Measures
 - Smoking During Pregnancy
 - Breastfeeding Initiation

Support to commissioners and providers

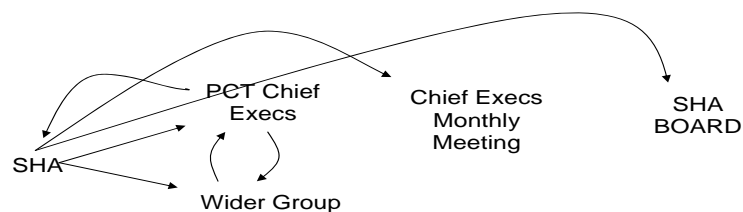
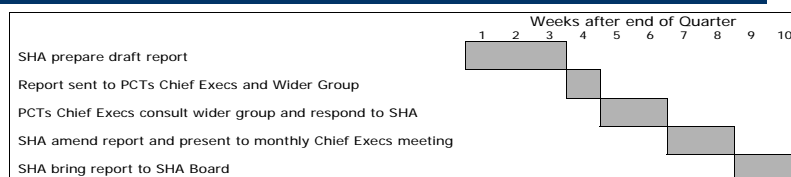
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The Data

	Data Submission Route	Supporting SHA Documents
Targets	LDP	Public Health Targets
Monitoring	LDPR Births & Death Reg	Quarterly Health Improvement

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The Quarterly Process



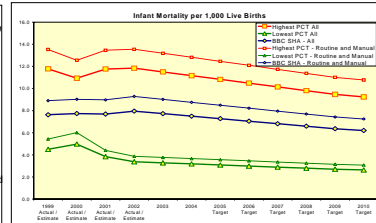
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Infant Mortality Target

Background Information

"Starting with children under 1, by 2010 to reduce by at least 10% the gap in mortality between manual groups and the population as a whole."

PCT data from 1998 to 2003 on infant mortality per 1,000 live births was obtained from the Perinatal Institute. The Institute is currently developing infant mortality rates by social class. Until these figures become available, estimates have been produced by using the proportion of the PCT population from routine or manual social class and the ratio (nationally) in infant mortality between manual and non-manual classes, based on father's social class (joint registrations only). In the absence of overall national targets for infant mortality, the Perinatal Institute's aim to reduce infant mortality by 20% by 2009 and 30% by 2013 from 2002 baseline has been used. Targets for manual social class are based on reducing the gap between all and manual social class by 10% from 2002 baseline. These targets will be revised once actual figures for infant mortality by social class are made available. Discussions will take place about the value of defining a local target on perinatal mortality.



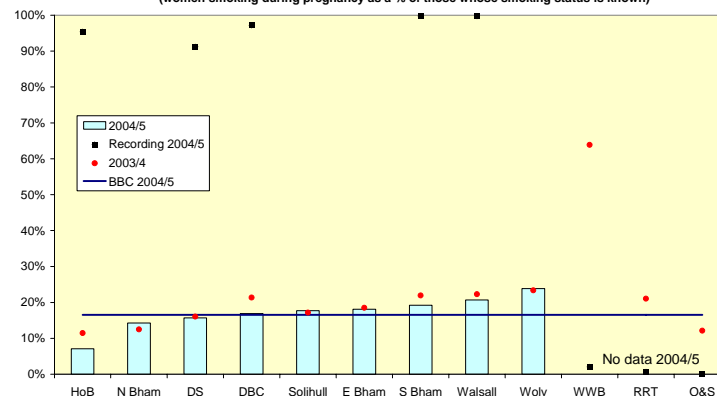
Infant Mortality - All	1998-2000 Actual	1999-2001 Actual	2000-2002 Actual	2001-2003 Actual	2002-2004 Actual	2003-2005 Actual	2004-2006 Target	2005-2007 Target	2006-2008 Target	2007-2009 Target	2008-2010 Target	2009-2011 Target
BBC SHA	7.5	7.7	7.7	8.0	7.7	7.5	7.3	7.0	6.8	6.6	6.4	6.2
Eastern Birmingham	8.5	8.5	9.5	10.0	9.7	9.4	9.1	8.8	8.5	8.3	8.0	7.8
East of Birmingham Teaching	10.3	10.5	11.5	11.9	11.5	11.2	10.8	10.5	10.1	9.8	9.5	9.2
North Birmingham	4.5	5.0	5.7	7.5	7.1	6.9	6.7	6.5	6.3	6.1	5.9	5.7
South Birmingham	7.5	6.8	7.0	6.9	6.7	6.5	6.3	6.1	5.9	5.7	5.5	5.4
Chelvey Beacon and Castle	7.1	6.8	5.8	3.4	3.3	3.2	3.1	3.0	2.9	2.8	2.7	2.6
Dudley South	6.3	6.0	4.9	4.4	3.3	3.2	3.0	2.9	2.8	2.7	2.6	2.5
Chelvey and Smethwick	11.9	10.9	10.3	8.1	7.6	7.6	7.4	7.1	6.9	6.7	6.5	6.3
Handy Ridge and Hales	8.5	7.9	7.8	6.1	5.9	5.8	5.6	5.4	5.2	5.1	4.9	4.8
Walsallbury and West Bromwich	8.0	6.9	6.9	6.2	6.1	5.9	5.7	5.5	5.3	5.2	5.0	4.9
Solihull	4.8	4.8	4.6	4.4	4.3	4.2	4.1	4.0	3.9	3.8	3.7	3.6
Walsall Teaching	7.2	6.9	6.9	6.1	6.0	5.8	5.6	5.4	5.3	5.1	4.9	4.8
Wolverhampton City	7.2	6.9	6.9	6.1	6.0	5.8	5.6	5.4	5.3	5.1	4.9	4.8

Infant Mortality - Routine and Manual	1998-2000 Estimate	1999-2001 Estimate	2000-2002 Estimate	2001-2003 Estimate	2002-2004 Estimate	2003-2005 Estimate	2004-2006 Target	2005-2007 Target	2006-2008 Target	2007-2009 Target	2008-2010 Target	2009-2011 Target
BBC SHA	3.9	3.9	3.9	3.3	3.2	3.0	2.8	2.7	2.6	2.5	2.4	2.2
Eastern Birmingham	19.3	19.4	19.4	11.4	11.1	10.8	10.5	10.2	9.9	9.6	9.3	9.1
East of Birmingham Teaching	11.9	12.0	13.3	13.9	13.2	12.8	12.5	12.1	11.7	11.4	11.0	10.8
North Birmingham	5.4	6.0	6.0	8.9	8.6	8.4	8.2	7.9	7.7	7.5	7.3	7.1
South Birmingham	9.1	8.1	8.2	6.2	6.0	5.8	5.6	5.4	5.2	5.0	4.8	4.6
Chelvey Beacon and Castle	6.1	6.6	4.4	3.9	3.8	3.7	3.6	3.5	3.4	3.3	3.1	3.1
Dudley South	7.5	7.1	5.8	5.2	4.1	4.0	3.9	3.8	3.7	3.6	3.5	3.4
Chelvey and Smethwick	13.9	12.6	11.9	9.3	9.0	8.8	8.5	8.3	8.0	7.8	7.6	7.4
Handy Ridge and Hales	7.4	6.6	6.6	6.0	5.7	5.6	5.4	5.2	5.0	4.9	4.7	4.6
Walsallbury and West Bromwich	6.9	6.7	7.5	7.1	6.9	6.7	6.5	6.3	6.1	6.0	5.8	5.6
Solihull	5.8	5.8	6.0	4.4	4.3	4.2	4.0	3.9	3.8	3.7	3.6	3.5
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Wolverhampton City	9.0	7.4	6.3	6.0	5.8	5.5	5.3	5.1	4.9	4.7	4.5	4.4

4.4 – Smoking During Pregnancy

Dudley BC	Dudley S	E Bham	H of Bham	N Bham	S Bham	Solihull	O & S	RRT	WWB	Walsall	Wolves
●	●	●	●	●	●	●	●	●	●	●	●

Smoking During Pregnancy
(women smoking during pregnancy as a % of those whose smoking status is known)



Smoking During Pregnancy

- Improvements in data collection rates (no more than 5% smoking status not known)
- 1% point reduction p.a. in smoking prevalence

In order to deliver their contribution to the national target, a 1 percentage point annual reduction in the proportion of women known to be smokers at the time of delivery as a percentage of total number of maternities would reflect sensible trajectory.

It is not possible to assess progress on smoking during pregnancy prevalence unless the data are reasonably robust and complete. In practice this would mean the percentage of women whose smoking status is not known being less than 5%.

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What does a 1% reduction mean

	2004/5	Estimate if smoking status of all known	1% reduction in smoking prevalence
Number of women known to be smokers at time of delivery	4,539	5,348	5,039
Number of women known not to be smokers at the time of delivery	21,715	25,585	25,894
Number of women for whom smoking status not known	4,679	0	
Number of maternities	30,933	30,933	30,933

309 fewer smokers across the SHA pa

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Conclusion

- Infant / Perinatal Mortality – priority for SHA
- Focused PM approach
- Data and analysis increasingly important
- Growing sense of urgency